FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

m	anually	executed	L
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OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response . . . 16.00

SEC USE ONLY					
Prefix	Serial				
D	ATE RECEIVED				

Name of Offering Balsam Fund, LP: Offering				nged, and indicate	change.)	25/63
Filing Under (Check box(es	s) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE S
Type of Filing:	☐ New Filing	⊠ Ar	mendment		á.	AS SECEIVED CO
		A. BAS	SIC IDENTIFICATION	N DATA		
Enter the information	tion requested abo	ut the issuer			6.64	THE TEXT OF THE T
Name of Issuer Balsam Fund, LP	(□ check i	f this is an amend	ment and name ha	s changed, and ind	icate change.)	165 /49
Address of Executive Office 2530 Riva Road, Suite 31	•		, State, Zip Code)		lephone Number (Incl 10) 897-5992-	uding Area Code)
Address of Principal Busine (if different from Executive			City, State, Zip Co	· ·	lephone Number (Incli me as above.	uding Area Code)
Brief Description of Busine Private investment partne			-			PROCESSEL
Type of Business Organiza □ corporation □ business trust	tion		urtnership, already t		other (please specif	MAY 1 5 2002 THOMSON
Actual or Estimated Date of			01 20	ear 00 🗵 A		FINANCIAL mated
Jurisdiction of Incorporation	n or Organization:	`	r U.S. Postal Servi	ce abbreviation for	State:	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control fundamental persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control fundamental persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control fundamental persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control fundamental persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control fundamental persons who are to respond unless the form displays a currently valid OMB control fundamental persons who are to respond unless the form displays a currently valid OMB control fundamental persons who are to respond unless the fundamental persons which is the fundamental persons who are to respond unless the fundamental persons which is the fundamental person which it

	A: BASIC IDEN	ITIFICATION DATA		
 Enter the information requested for the fet Each promoter of the issuer, if the is Each beneficial owner having the poof the issuer; Each executive officer and director Each general and managing partner 	ssuer has been organized ower to vote or dispose, or of corporate issuers and or	direct the vote or disposition of		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Balsam Partners, LLC				
Business or Residence Address (Numb 2530 Riva Road, Suite 310, Annapolis, Marchael 1988)	er and Street, City, State,	Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑- Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) McWhorter, W. Lawson				
Business or Residence Address (Numb 2530 Riva Road, Suite 310, Annapolis, N		Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State,	Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State	Zip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State,	Zip Code)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or. Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State,	Zip Code)		

				B. II	NFORMAT	ION ABO	UT OFFE	RING				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									□ ⊠ \$ <u>250,000*</u>			
3. Doe	s the offerin	g permit jo									Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									/ } }	_		
Not appl	ne (Last nai i <mark>cable.</mark>	me first, if	individual)									
	s or Reside	nce Addre	ss (Numbe	er and Stre	eet, City, S	tate, Zip C	ode)					
Name of	f Associated	d Broker o	r Dealer		<u> </u>							
	n Which Per	rson Listed	Has Solic	ited or Int	ends to So	licit Purch	asers					
	(Check "All	States" or	check ind	ividual Sta	ates)						□ Al	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nai	me first, if	individual)						·			
Busines	s or Reside	nce Addre	ss (Numbe	er and Stre	eet, City, S	tate, Zip C	ode)					
Name of	f Associated	d Broker o	r Dealer									
States in	n Which Pe	rson Listed	d Has Solid	ited or Int	ends to So	licit Purch	asers		 			
	(Check "All	States" or	r check ind	ividual Sta	ates)						□ Al	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nai	me first, if	individual)								,	
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)							☐ All States					
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt 0 Equity: 0 0 ☐ Common □ Preferred Convertible Securities (including warrants): 0 0 Partnership Interests..... \$1,000,000,000 \$4,108,527 Other (Specify)..... 0 0 Total \$1,000,000,000 \$4,108,527 Answer also in Appendix, Column 4, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors 18 \$ 3,668,115 Non-accredited Investors..... 7 440,412 Total (for filings under Rule 504 only) N/A N/A Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Type of **Dollar Amount** Security Sold Rule 505 0 None Regulation A 0 None Rule 504 0 None Total None 0 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees X Printing and Engraving Costs X 0 X Legal Fees 45,000 X Accounting Fees..... \$ 0 X Engineering Fees..... \$ 0 X Sales Commissions (specify finders' fees separately)..... 0 Other Expenses (identify Blue Sky X) 5,000

Total

50,000

X

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSE	S AND	USE O	F PROC	EEDS			
4.	b. Enter the difference between the aggrega 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."	e to Part C - Question 4.a. This of	difference	e is the			\$ <u>999</u> ,	950,000	
5.	Indicate below the amount of the adjusted gused for each of the purposes below. If the estimate and check the box to the left of the the adjustment gross proceeds to the issuer state.	ne amount for any purpose is not kr estimate. The total of the payments li	own, fui isted mu	rnish ar st equa	1				
			Pay O Dire At		Payments to Others				
	Salaries and fees		X	\$	0	X	\$	0	
	Purchase of real estate		X	\$	0	\boxtimes	\$	0	
	Purchase, rental or leasing and installation	of machinery and equipment	X	\$	0	X	\$	0	
	Construction or leasing of plant buildings a	nd facilities	X	\$	0	\boxtimes	\$	0	
	Acquisition of other businesses (including this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of	×	\$	0	(X)	\$	0	
	Repayment of indebtedness		X	·—	0	×	•	0	
	Working capital		×	₽ ¢	0	<u></u> ⊠	⊅		
	Other (specify): Investment Program/Secu		X	→ <u> </u>	0	X	\$	0 000	
	Column Totals		☒	»		X		9,950,000	
		<u> </u>	\$			<u> </u>			
	Total Payments Listed (column totals adde	:u)	(CI	\$ <u>999,950,000</u>					
		D. FEDERAL SIGNATURE	KALA.	yrın. Gyzzi.		- 14 A			
follo	issuer has duly caused this notice to be sign wing signature constitutes an undertaking by the staff, the information furnished by the	y the issuer to furnish to the U.S. Se	curities	and Ex	change C	ommiss	sion, u	pon written	
	ier (Print or Type) sam Fund, LP	Gignature WWW W	rthis	Da A p	ate oril ² ¶, 20	02			
	ne (Print or Type) vson McWhorter	Title of Signer (Print or Type) Managing Partner of Balsam	Partner	s, LLC	, General	Partn	er of ti	ne Issuer	
		I							

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)